FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

Mailing Address

GEAR & YAVORSKY, D.D.S., P.A.

FILED Mar 04 1998 8:00am Secretary of State

6323 CORPORATE CT. EXECUTIVE PARK FT MYERS FL 33918			6323 CORPORATE CT. EXECUTIVE PARK FT MYERS FL 33919			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 11/01/1980			
. Principal Plac	e of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number		Applied For	
il		26				59-2036058		Not Applicable	
Suite, Apt. #.	elc.	Suite, Apr	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	75 Additional e Required	
City & State		City & Sta	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	Zip	—, '' ├ , '''''			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
GEAR, ROBERT D 8323 CORPORATE COURT FORT MYERS FL 33907				81	Name Street Address (P.O. Box Number is Not Acceptable)				
				82					
				83					
				84	City	FL	85	Zip Code	
11. Pursuant to office or reg	the provisions of Sections 607.05 istered agent, or both, in the Stat	02 and 607.1508, File of Florida, Such c	lorida Statutes, the e hange was authorize	bove d by	named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changi cintmen	ng its registered t as registered	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typog or printed name of registered agent and title if applicable (NOTE: Registered Agent alguature regulfed when reinslating) DATE												
12.	OFFICERS AND DI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
TITLE	PVT	DELETE	1.1 BITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition						
NAME	GEAR, ROBERT D		1.2 NAME									
STREET ADDRESS	1048 EDGEMERE DRIVE		1.3 STREET ADORESS									
CITY-ST-ZIP	FT MYERS FL		1.4 CITY+ST-ZIP			'						
TITLE	SD	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition						
NAME	GEAR, ROBERT D		2.2 NAME			-						
STREET ADDRESS	1048 EDGEMERE DRIVE		2.3 STREET ADDRESS			. 1						
CITY-\$1-ZIP	FT MYERS FL		2. 4 CITY-ST-ZIP									
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME			3.2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CITY-ST-ZIP									
TITLE		DELETE	4.1 TITLE		Change	Addition						
NAME			4. 2 NAME			1						
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 CITY-ST-ZIP									
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change	☐ Addition						
NAME			5.2 NAME			i						
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP									
TITLE		☐ DELETE	6.1 TITLE		Change	Addition						
NAME			6.2 NAME			. [
STREET ADDRESS			6.3 STREET ADDRESS	4								
CITY-ST-ZIP			6.4 CITY - ST - ZIP									

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: